

TRAINING TOOL: BREASTFEEDING/POSTPARTUM WOMAN NUTRITION QUESTIONS HEALTH/MEDICAL/BREASTFEEDING #1-4		FOR ELIGIBILITY PURPOSES
Name:	Age: C101 - Young Teenagers C102 - Teenagers	ISIS RISK CODES
<p>Please circle or write your answers to the following questions:</p> <p><b>NOTE: Questions 3, 5, 7, 8, 9, and 12 are mandatory and should be answered.</b></p> <p>1. <b>When is your next doctor's appointment?</b> (month) _____  <b>(Reason for asking question)</b>  <ul style="list-style-type: none"> <li>◆ Discuss postpartum health care</li> <li>◆ If blank, make referral</li> </ul> <b>(Probing questions)</b>  <ul style="list-style-type: none"> <li>◆ If you don't have one, why not?</li> <li>◆ Do you have any problems, like transportation?</li> </ul> <b>Has your doctor talked to you about family planning/birth control?</b>    Yes    No  <b>(Reason for asking question)</b>  <ul style="list-style-type: none"> <li>◆ Lets participant make an informed decision about using birth control</li> </ul> <b>(Probing questions)</b>  <ul style="list-style-type: none"> <li>◆ (If no) What are your thoughts about birth control?</li> </ul> </p> <p>2. <b>How is breastfeeding going for you? (Circle one)</b>  1 (not good).....2.....3.....4.....5 (great)  <b>(Reason for asking question)</b>  <ul style="list-style-type: none"> <li>◆ Support helps women breastfeed longer.</li> <li>◆ Lets participant discuss her concerns about how she is feeding her baby</li> </ul> <b>(Probing questions)</b>  <ul style="list-style-type: none"> <li>◆ Why did you choose that number?</li> <li>◆ What questions do you have about breastfeeding?</li> <li>◆ How do you feel about how much milk you have?</li> <li>◆ Do you plan to work or go to school?</li> </ul> </p> <p>3. <b>Which of these do you take?</b>    Prenatal Vitamins    Iron Pills    Herbs    Other  Vitamins/Minerals    Laxatives    Over the Counter Medications (Tylenol, Aspirin, etc...)  None    Other Medications _____ Home Remedies (list) _____  <b>(Reason for asking question)</b>  <ul style="list-style-type: none"> <li>◆ Find out whether she is taking appropriate supplements</li> <li>◆ Can lead to nutrition education about food as a source of vitamins and minerals</li> <li>◆ Refer to MD if excessive medications or herbal remedies</li> <li>◆ Evaluate herbal remedies for potential harmful effects on the infant</li> </ul> <b>(Probing questions)</b>  <ul style="list-style-type: none"> <li>◆ Tell me more about....</li> <li>◆ Have you discussed this with your doctor?</li> </ul> </p> <p>4. <b>How do you feel about your weight now?</b>    Too little    OK    Too much  <b>(Reason for asking question)</b>  <ul style="list-style-type: none"> <li>◆ To discuss healthy eating and recommendations for weight loss, if desired</li> <li>◆ To promote a healthy weight</li> </ul> <b>(Probing questions)</b>  <ul style="list-style-type: none"> <li>◆ Tell me more.....</li> <li>◆ What did your doctor say about your weight?</li> </ul> What questions do you have about your weight? </p>		<p><b>Question 1</b>  C119 Lack/Inadequate Prenatal Care</p> <p><b>Question 2</b>  N32 Breastfdg WIC  Infant Nutr Risk  C201 Cracked &amp; Bleed Nipples  C202 Persistent Sore Nipples  C203 Mastitis  C204 Flat/Inverted Nipples  C205 Recurrent Plugged Ducts  C206 Failure of Milk To Come in By 4 days  C208 Severe Breast Engorgement  C209 Tandem Nursing  C210 Breastfeeding Woman≥40yrs</p> <p><b>Question 3</b>  D423 Inappropriate or Excess Intake Diet Supplementation  D427 Inappropriate Nutrition Practices for Women</p> <p><b>Question 4</b>  *C96 Eating Disorder</p>
<b>Suggested Education Materials</b> Be a Healthy Mom Iron For Strong Blood Snacks Breastfeeding Handouts		

**TRAINING TOOL: BREASTFEEDING/POSTPARTUM WOMAN NUTRITION QUESTIONS  
FOOD AND NUTRITION #5-9**

**FOR ELIGIBILITY  
PURPOSES**

**ISIS RISK CODES**

**5. How many times a day do you eat? \_\_\_\_\_ Meals \_\_\_\_\_ Snacks**

*(Reason for asking question)*

- ◆ Helps you do a quick assessment of her daily eating pattern
- ◆ May refer to food closets or food stamps if needed
- ◆ Helps you make nutrition recommendations that fit her habits

*(Probing questions)*

- ◆ What time do you usually eat your meals?
- ◆ Where do you usually have your meals or snacks? (Home? Work? School?)
- ◆ Do you skip meals? If yes, why?

**6. How many times a week do you eat fast food or food from a restaurant?**

**Never      1-2 times      3-4 times      5 or more times**

*(Reason for asking question)*

- ◆ Helps you assess her intake for high sugar, fat and calories
- ◆ Helps you tailor nutrition education to her usual habits

*(Probing questions)*

- ◆ Which restaurants?
- ◆ What do you usually order?

**7. Are you on a special diet?      Yes      No      If yes, explain \_\_\_\_\_**

*(Reason for asking question)*

- ◆ Could affect how well she meets her nutritional needs
- ◆ Could affect nutrition education
- ◆ May need to refer to RD for assessment

*(Probing questions)*

- ◆ If yes, describe your diet.
- ◆ Have you discussed this with your doctor?
- ◆ Have you seen a registered dietitian? At WIC or somewhere else?

**8. Are there foods you limit or do not eat?      Yes      No      If yes, which ones?**

*(Reason for asking question)*

- ◆ Could affect how well she meets her nutritional needs
- ◆ Could show food allergies, possible eating disorder
- ◆ May refer to food closets or food stamps if needed

*(Probing questions)*

- ◆ Tell me about these foods...
- ◆ What are your reasons for limiting or avoiding these foods?

**9 What do you eat and drink on most days?**

➤ **Water      Coffee      Tea      Regular Soda      Diet Soda      Gatorade**

*(Reason for asking question)*

- Shows what fluids she drinks
- Shows caffeine intake
- Look at sugar and calories – may be related to food group intake or weight gain

*(Probing questions)*

- How many times a day do you drink \_\_\_\_\_? What is the serving size?

➤ **Juice      Punch/Kool Aid      Alcohol      Beer      Wine**

*(Reason for asking question)*

- Shows what fluids she drinks
- Juice may contribute vitamin C
- Look at sugar and calories – may be related to food group intake or weight gain
- **Alcohol use during pregnancy indicates need for education and possible referral**

*(Probing questions)*

- How many times a day do you drink \_\_\_\_\_? What is the serving size?
- Tell me more about the kind of beverage(s) you circled or did not circle.

**Questions 5**

**\*C96 Eating Disorder  
D402 Vegan Diet or  
Highly Restrictive**

**Questions 6&9**

**D401 Failure to meet  
Dietary Guidelines  
D427**

**Questions 7, 8 & 9**

**C110 Food Allergies  
C111 Lactose Intol  
D401  
D402  
D427**

**Question 9**

**C115 Alcohol Abuse**

(Continued)

➤ **Fruits Vegetables**

**(Reason for asking question)**

- Fruits and vegetables contain vitamins A, C, folic acid, & others; minerals; & fiber
- Fruits and vegetables are important every day for vitamin, mineral and fiber intake

➤ **Milk (Skim/Lowfat/Whole) Cheese Yogurt Cottage Cheese Pudding/Custard**

**(Reason for asking question)**

- Milk group contains protein; minerals calcium, phosphorus, and magnesium; and vitamins D, riboflavin and others
- Whole milk products mean higher fat intake & may add to weight gain

➤ **Meat Chicken Turkey Fish Hotdogs Tofu Beans/Lentils PB Eggs Nuts**

**(Reason for asking question)**

- Protein group contains protein, B-complex vitamins, and iron
- May affect fat intake; may be related to weight gain
- May show she is vegetarian

➤ **Breads Cereals Tortillas Rice Noodles Rolls Crackers Pan Dulce**

**(Reason for asking question)**

- Bread group is a major source of energy; also contains protein; B-complex vitamins; and iron and other minerals
- Recommend to eat some whole grain foods every day
- Be aware of fat and sugar content of some choices; may be related to weight gain

➤ **Candy Cookies Cakes Donuts Ice Cream Chips French Fries**

**(Reason for asking question)**

- Higher in calories due to fat and/or sugar content; may be related to weight gain; low in nutrients

➤ **Other (list)** \_\_\_\_\_

**(Reason for asking question)**

- Look at types of foods to see if they are important
- Foods listed here may be similar to foods listed above

**(Probing questions)**

- Tell me about the kind of food(s) or beverage(s) you circled or did not circle.
- Any unpasteurized (not heat treated to kill harmful bacteria) juices or dairy products consumed?
- Any raw or undercooked foods (i.e., tofu, hotdogs, cold cuts) consumed?

**Question 9**

**C110** Food Allergies

**C111** Lactose Intol

**D401**

**D402**

**D427**

**TRAINING TOOL: BREASTFEEDING/POSTPARTUM WOMAN NUTRITION QUESTIONS  
OTHER #10-13**

**FOR ELIGIBILITY  
PURPOSES  
ISIS RISK CODES**

**10. Which one or more of the following words describes how you feel?**  
**Happy OK Tired Depressed Sad Stressed Angry Other\_\_\_\_\_**  
*(Reason for asking question)*  
 ♦ May need to make referrals  
 ♦ Lets participant discuss the kind of support she needs  
*(Probing questions)*  
 ♦ Tell me more about this feeling. Have you shared this with your doctor?  
 ♦ What kind of support do you have at home? (Spouse? Mother? Sister?)

**11. What kind of activity do you do on most days?** **Walk Run Bike Dance Sports**  
**Swim Exercise class/Gym Garden None Other(list)\_\_\_\_\_**  
*(Reason for asking question)*  
 ♦ An active lifestyle is important for overall health  
 ♦ Regular activity with OK from MD will help participant have a healthy lifestyle  
*(Probing questions)*  
 ♦ How often do you exercise?  
 ♦ How long?

**12. Do you ever run out of money or food stamps to buy food?** **Yes No**  
*(Reason for asking question)*  
 ♦ Helps to show food security or insecurity  
 ♦ May need to refer  
*(Probing questions)*  
 ♦ What do you do when...?  
 ♦ Tell me about shopping and meal planning.  
 ♦ Would you like some ideas for handling this (referrals)?

**13. What nutrition and health questions do you have today?**  
*(Reason for asking question)*  
 ♦ Lets participant discuss what is important to her at that time  
 ♦ May find other needs  
*(Probing questions)*  
 ♦ Tell me more about ....  
 ♦ Have you discussed this with your doctor?

**Question 10**  
 \*C93 Recipient of Abuse  
 C113 Depression

**Question 11**  
 \*C96 Eating Disorder

**Question 12**  
 C91 Homeless

**Question 19**  
 D401  
 D427

\*In most cases, additional information will be necessary to assign this ISIS code.